

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003460

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED FEB 8 1963

1003

1068

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>915 N. Grand, St. Louis, Mo.</u>		Length of stay in 1b <u>34 days</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VET. ADM. HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>14 S. 76th St.</u>	
3. NAME OF DECEASED (Type or print) First <u>EDWIN</u> Middle <u>J.</u> Last <u>FOSTLER</u>		4. DATE OF DEATH Month <u>January</u> Day <u>30</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/8/94</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brewery Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>O'Fallon, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John Fostler</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Howein</u>	
14. NAME OF HUSBAND OR WIFE <u>Lucille Fostler</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WW-1</u>	
16. SOCIAL SECURITY NO. <u>3</u>		17. INFORMANT Address <u>Lucille Fostler (Wife), Same add. as 2</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>HYPERNEPHROMA</u> DUE TO (b) <u>CEREBRAL METASTASES</u> DUE TO (c) <u>180+</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>VA</u> a.m. <u>3:10</u> p.m. <u>3:10</u> Month, Day, Year <u>12/27/62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>VA</u>	20f. CITY, TOWN, OR LOCATION <u>St. Louis, Mo.</u>
21. I attended the deceased from <u>12/27/62</u> to <u>1/30/63</u> and last saw him alive on <u>1/30/63</u> Death occurred at <u>3:10</u> A. <u>m</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. ADDRESS <u>VAH, St. Louis, Mo.</u>	
22b. SIGNATURE <u>Edward Miller, M.D.</u>		22c. DATE SIGNED <u>1/30/63</u>	
23a. BURIAL, CREMATION, or REMOVAL (Specify) <u>2/1/63</u>		23b. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>	
23c. LOCATION (City, town, or county) <u>Belleview, Ill</u>		23d. LOCATION (City, town, or county) <u>Belleview, Ill</u>	
24. FUNERAL DIRECTOR <u>Albert B. Baldwin</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 31 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Paul Smith, M.D.</u>		27. REGISTRAR'S SIGNATURE <u>Paul Smith, M.D.</u>	

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student: _____
Signature of Student Embalmer

Signed

Figil A. Bergman
Licensed Embalmer No. 3697

P. O. Address

Bellville, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.